

09/24/98  
JCSA US PTOPlease type a plus sign (+) inside this box → Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.	KCX-26-DIV
First Inventor or Application Identifier	Terry N. Tankersley
Title	Folded Surgical Gown for Aseptic Donning, Apparatus and Method for Producing Same
Express Mail Label No.	: EL104845345US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2.  Specification [Total Pages 28]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3.  Drawing(s) (35 U.S.C. 113) [Total Sheets 16]
4. Oath or Declaration [Total Pages 3]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 17 completed)  
*[Note Box 5 below]*
    - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).
5.  Incorporation By Reference (useable if Box 4b is checked)  
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

**ADDRESS TO:** Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

6.  Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a.  Computer Readable Copy
  - b.  Paper Copy (identical to computer copy)
  - c.  Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

8.  Assignment Papers (cover sheet & document(s))
9.  37 C.F.R. § 3.73(b) Statement  
(when there is an assignee)  Power of Attorney
10.  English Translation Document (if applicable)
11.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
12.  Preliminary Amendment
13.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
  - \* Small Entity  Statement filed in prior application,
14.  Statement(s)  Status still proper and desired (PTO/SB/09-12)
15.  Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16.  Other: Express mail certificate

NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.17), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment

 Continuation  Divisional  Continuation-in-part (CIP)

of prior application No: 08/827,920

Chapman, J.

Group / Art Unit: 3741

Prior application information: Examiner \_\_\_\_\_

<input type="checkbox"/> Customer Number or Bar Code Label <i>(Insert Customer No. or Attach bar code label here)</i>		or <input checked="" type="checkbox"/> Correspondence address below
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Name	Craig N. Killen		
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Name (Print/Type)	Craig N. Killen	Registration No. (Attorney/Agent)	35,218
Signature	<i>Craig N. Killen</i>		Date 9-24-98

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.
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US PTO  
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# FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.  
These are the fees effective October 1, 1997.

**Small Entity payments must be supported by a small entity statement; otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.**

**TOTAL AMOUNT OF PAYMENT (\$)** **790.00**

**Complete If Known**

Application Number			
Filing Date	herewith		
First Named Inventor	Terry N. Tankersley		
Examiner Name			
Group / Art Unit			
Attorney Docket No.	KCX-26-DIV		

**METHOD OF PAYMENT (check one)**

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **04-1403**

Deposit Account Name **Dority & Manning, P.A.**

Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17  Charge the Issue Fee Set In 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance

2.  Payment Enclosed:

Check  Money Order  Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)		
101	790	201	395	Utility filing fee	<b>790.00</b>
108	330	208	165	Design filing fee	
107	540	207	270	Plant filing fee	
108	790	208	395	Reissue filing fee	
114	150	214	75	Provisional filing fee	
<b>SUBTOTAL (1)</b>		<b>(\$)</b>		<b>790.00</b>	

**2. EXTRA CLAIM FEES**

	Extra Claims	Fee from below	Fee Paid
Total Claims	17	-20** = 0	x _____ = _____
Independent Claims	2	-3** = 0	x _____ = _____
Multiple Dependent			= _____

\*or number previously paid, if greater; For Reissues, see below

**Large Entity Small Entity**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)		
103	22	203	11	Claims in excess of 20	
102	82	202	41	Independent claims in excess of 3	
104	270	204	135	Multiple dependent claim, if not paid	
108	82	209	41	** Reissue independent claims over original patent	
110	22	210	11	** Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>		<b>(\$)</b>			

**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)
105	130	205	85
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
118	400	218	200
117	950	217	475
118	1,510	218	755
128	2,060	228	1,030
119	310	219	155
120	310	220	155
121	270	221	135
138	1,510	138	1,510
140	110	240	55
141	1,320	241	880
142	1,320	242	880
143	450	243	225
144	870	244	335
122	130	122	130
123	50	123	50
126	240	126	240
581	40	581	40
146	790	248	395
149	790	249	395
Other fee (specify) _____			
Other fee (specify) _____			
<b>SUBTOTAL (3)</b>		<b>(\$)</b>	

\* Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)**

Complete (if applicable)

Submitted By			
Typed or Printed Name	Craig N. Killen		
Signature	<i>Craig N. Killen</i>	Date	9-24-98
		Deposit Account User ID	35,218

Burden Hour Statement This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



**EXPRESS MAIL CERTIFICATE**

"Express Mail" - Mailing Label Number EL104845345US

Date of Deposit September 24, 1998

I hereby certify that this paper and any referenced attachment and/or fee are being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Box Patent Application, Washington D.C. 20231.

Martha Boynton

(Typed or printed name of person mailing paper or fee)

Martha Boynton

(Signature of person mailing paper or fee)